

Questionnaire for Individuals Who Were Self-Employed or Employed by a Family Member

Name: _____ SSN: _____

When you filed your claim for Unemployment Insurance benefits you indicated either that you are, or have been, self-employed (Complete Part A below) or that one or more of the businesses for which you worked was owned in whole or part by a family member (Complete Part B on reverse). Additional information is required in order to determine your eligibility for Unemployment Insurance benefits accurately. Please complete this form and return it to the address indicated below.

Part A: To be complete by individuals who are or were self-employed

What kind of work do/did you perform in self-employment? _____

When did your self-employment begin? _____

Are you still involved in self-employment? _____

If not, when did your self-employment end? _____

How many hours per week are/were you devoting to self-employment? _____

Are you actively seeking further work in self-employment? _____

If yes, how many hours per week are you devoting to this search? _____

Is self-employment the primary goal of your work search activity? _____

Does your self-employment limit your availability for work as an employee of others or your ability to look for other work? _____

If yes, explain the nature and scope of these limitations. _____

Were you engaged in self-employment while you were working as an employee of another business? _____

If yes, has your involvement in self-employment increased since you became separated from your other employment? _____

If yes, please explain any increased in your involvement in self-employment _____

Are you currently operating a business? _____

If yes, do you have a commercial location? _____

Do you have any employees? _____

Are you able to work on a full-time basis, available for full-time work, and actively seeking work? _____

Indicate which, if any, of the following statements apply to you:

- ☐ My self-employment consists of 'casual' work or "odd jobs" of an informal nature (examples: yard work, babysitting, etc.)
- ☐ My self-employment consists of occasional consulting work, but is not my primary employment or employment goal.
- ☐ My regular trade or occupation is one in which work is often available on a sub-contracted basis, and I occasionally accept such work, but it is not my primary employment or employment goal.

Part B: To be completed by individuals formerly employed by a business owned in whole or part by a family member.

What is the name of the company, owned in whole or in part by a family member, for which you previously worked? _____

When did you begin employment there? _____

What was your last day of work? _____

How is the business organized: ☐ Sole Proprietorship ☐ Partnership
☐ Corporation ☐ Limited Liability
Company

List below the names of the business owners and indicate their relationship to you.

Owner's Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Certification: The information provided herein is true and complete to the best of my knowledge.

_____	_____
Signature	Date

Return the completed form along with any accompanying documentation by mail to:

Division of Unemployment Assistance
Corporation Unit
P. O. Box 9692, Boston, MA 02114-9692

Alternatively, fax your documents to: 617-523-4815